



Indiana Family and
Social Services
Administration



Fiscal Intermediary Services

Payroll Overview for Waiver Program Participants and Providers

ppl@pcgus.com

Public Partnerships, LLC, 148 State Street, 10th Floor, Boston, MA 02109

(800) 482-4071

About Public Partnerships, LLC (PPL)

PPL was hired by IN FSSA to be a Fiscal Intermediary (FI).

A Fiscal Intermediary:

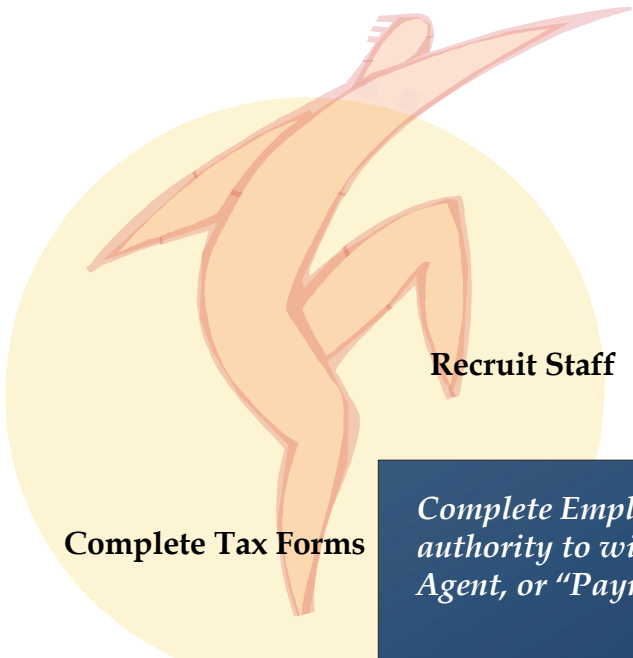
- Pays employees/personal attendants on behalf of waiver program participants
- Withholds and deposits taxes, and files tax and labor reports on behalf of waiver program participants
- Provides the individuals, case managers and employers with regular reports that show how authorized units have been spent and the amount of taxes paid
- Responds to questions from individuals, employers and employees
- Administers the limited criminal history for employees



Steps to Become an Employer

Ingredients for Success

- Teamwork
- Education
- Communication



Monitor Spending

Manage Staff

Submit Time Worked, PPL does Tax Forms (W2, etc.)

Recruit Staff

*Hiring & Supervision Tips
Submit Limited Criminal Histories & Employee Tax Forms to PPL*

Complete Tax Forms

Complete Employer Tax Forms & Give PPL authority to withhold & submit taxes as your Agent, or "Payroll Department"

Identify Services, Employers and Costs

Establish Plan

*Clarify Needs and Goals
Develop Service Plan*

Case Manager Meeting

Benefits of the Fiscal Intermediary

- Employer's personal income tax is not affected.
- Employees will receive a W-2 statement at the end of each calendar year.
- Contributions are made to provider Social Security and Unemployment Compensation accounts.
- Employees receive bi-weekly paychecks, based on signed timesheets received by PPL.



Payroll Responsibilities

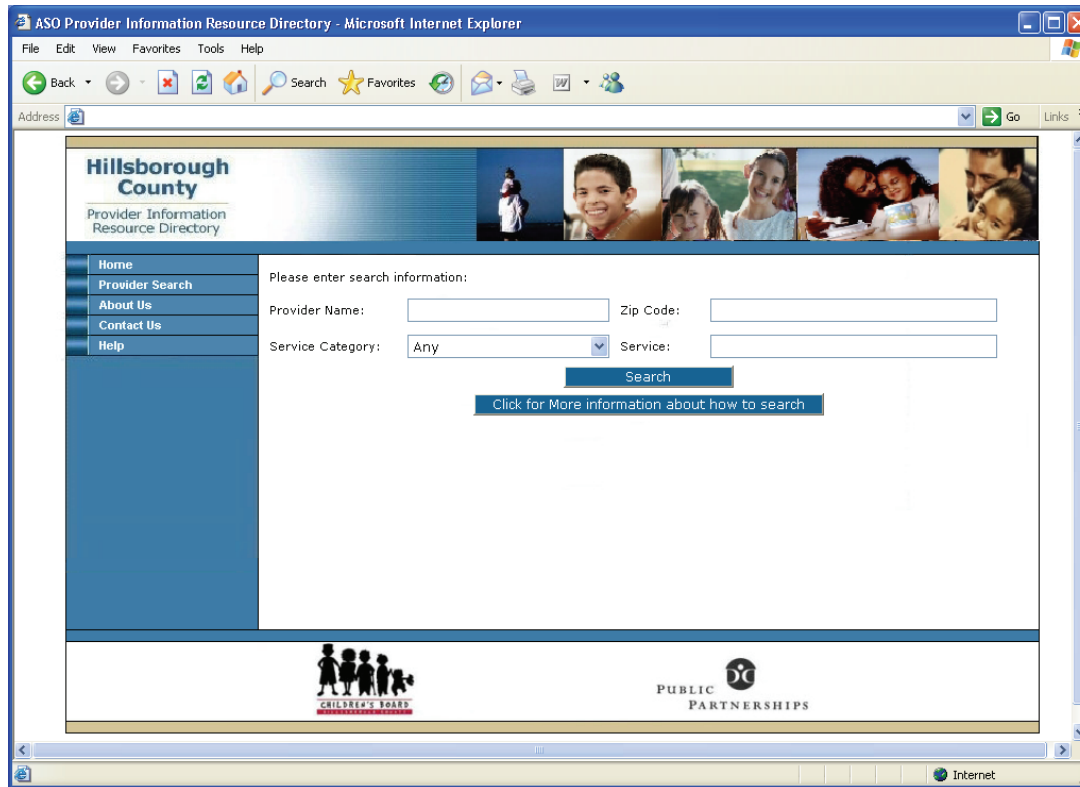
Employer's To Do...

- ☐ Complete initial paperwork
- ☐ Recruit, interview, and discharge staff
- ☐ Define job and schedule
- ☐ Verify employment eligibility by certifying USCIS Form I-9
- ☐ Sign the Terms and Conditions Agreement
- ☐ Monitor your employee's units of service
- ☐ Review, sign & submit time worked

Public Partnership's To Do ...

- ☐ Serve as "Payroll Department"
- ☐ Administer limited criminal histories
- ☐ Issue paychecks per timesheets
- ☐ Withhold all necessary taxes
- ☐ File monthly, quarterly and annual tax and labor reports
- ☐ Issue annual W-2 wage statements
- ☐ Manage your service units
- ☐ Provide individuals, employers and case managers with quarterly reports of FI spending on your behalf
- ☐ Respond to all questions

Website and Provider Registry



- Contains forms and training materials
- Allows individuals and case managers access to provider database
- Includes services, credentials, hours, location, and contact information for providers who choose to be listed

www.publicpartnerships.com

Employer Steps in Employee Forms

- As an employer, it will be your responsibility to verify that your employees are eligible to work in the United States.
- Your employees will bring you an USCIS Form I-9 from their PPL Employee Packet.
- Your employees will present documents for your review. The I-9 lists acceptable documents. Most employees will show you a Social Security card and driver's license.
- You must verify to the best of your knowledge that these documents are real. If you believe that they are, you will sign the I-9 in the section called 'Certification.'

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047, Expires 06/30/07
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

First Name: Last <u>Doe</u>	First <u>James</u>	Middle Initial <u>D</u>	Maiden Name <u>Smith</u>
Address (Street Name and Number) <u>5555 Oak Street</u>		Apt. # <u></u>	Date of Birth (month/day/year) <u>01/01/1970</u>
City <u>Indianapolis</u>	State <u>IN</u>	Zip Code <u>46207</u>	Social Security # <u>111-11-1111</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☒ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien #) A
☐ An alien authorized to work until:
 (Alien # or Admission #)

Employee's Signature Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature Print Name
 Address (Street Name and Number; City, State, Zip Code) Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: <u>US Passport</u>				
Issuing authority: <u>State Dept.</u>				
Document #: <u>1234567</u>				
Expiration Date (if any): <u>01/01/2010</u>				
Document #: <u></u>				
Expiration Date (if any): <u></u>				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 7/1/05 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Print Name FRANCES FAKE Title Household Employer
 Business or Organization Name Address (Street Name and Number, City, State, Zip Code) FRANCES FAKE 123 MAIN STREET INDIANAPOLIS, IN 46207 Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) B. Date of Retire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: Document #: Expiration Date (if any):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative Date (month/day/year)

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

Form I-9 (Rev. 05/01/07) Page 2

Employer Steps in Employee Forms

- All potential employees must pass a limited criminal history prior to beginning work.
- Potential employees indicate their understanding of submitting to a limited criminal history by signing the Terms and Conditions Agreement.
- PPL will conduct the limited criminal history.
- If there is any criminal history, IN FSSA will make a determination if the potential employee is 'okay to hire'
- PPL will inform the employer that it is either 'okay' or 'not okay' to hire the employee

Request for Limited Adult Criminal History Information (317) 233-5424

ID Billing Number

Please type or print all information

RECORD CHECK ON:

D	O	E																	

Last Name

J A N E

First Name

M

MI

0 1 0 1 1 9 7 0

Date of Birth MMDDYYYY

M = Male
F = Female

F

A = Asian/Pacific
W = White
O = Other

L = American Indian/Alaskan
B = Black
M = Multi-Racial

B

Race

REQUESTER

☒ AGENCY

☐ SELF

☐ ADOPTION

(917) 426-2326

Daytime Phone Number

Name

Public Partnerships, LLC

Mailing Address: (where this response will be sent)

148 STATE STREET, 10TH FLOOR

City, State, Zip Code

BOSTON, MA 02109

ATTENTION: Colleen Fox

Limited Criminal History Information - Reason For Request

The cost is \$7.00. Mark an "X" in one box below for this request.

Certified check or money order must be enclosed if request is mailed.

Cash will be accepted only in person. [Correct Change]

(1) ☒ Has applied for employment with a non-criminal justice organization or individual;

(2) ☐ Has applied for a license and criminal history data as required by law to be provided in connection with the license;

(3) ☐ Employment with a state or local governmental entity;

(4) ☐ Is a candidate for public office or a public official;

(5) ☐ Is in the process of being apprehended by a law enforcement agency;

(6) ☐ Is placed under arrest for the alleged commission of a crime;

(7) ☐ Has charged that his rights have been abused repeatedly by criminal justice agencies;

(8) ☐ Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation;

(9) ☐ Has volunteered services that involve contact with, care of, or supervision over a child who is being placed, matched, or monitored by a social services agency, or a nonprofit corporation;

(10) ☐ Is employed by an entity that seeks to enter into a contract with a public school (as defined in IC 20-10-1-2) or a non-public school (as defined in IC 20-10-1-3), if the subject of the request is expected to have direct, ongoing contact with school children within the scope of the subject's employment;

(11) ☐ Has volunteered services at a public school (as defined in IC 20-10-1-2) or non-public school (as defined in IC 20-10-1-3) that involve contact with, care of, or supervision over a student enrolled in the school; Student Teacher: IC 5-2-5.5;

(12) ☐ Is being investigated for welfare fraud by an investigator of the Division of Family and Children or a county office of family and children;

(13) ☐ Is being sought by the parent locator service of the Child Support Bureau of the Division of Family and Children;

(14) ☐ Is or was required to register as a sex and violent offender under IC 5-2-12; or

(15) ☐ Has been convicted of any of the following:

(A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age.

(B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.

(C) Child molesting (IC 35-42-4-3);

(D) Child exploitation (IC 35-42-4-3b);

(E) Possession of child pornography (IC 35-42-4-4c);

(F) Violent sexual gratification (IC 35-42-4-5).

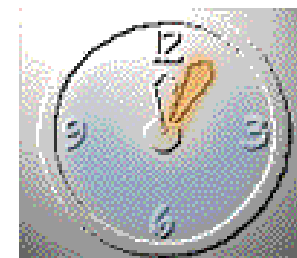
(continued on next page)

State Form 1033 (10-2-06)
Approved by State Board of Accounts, 2006

Stack # 735

Time Submission Instructions

- There are two methods for submitting time worked:
 - Telephonic timesheet (preferred method)
 - Physical timesheet (backup method)
- **PPL will not pay providers until all Employer and Employee paperwork is complete**
- **Provider must submit time via the telephone or a timesheet to be paid.**
- If you need help submitting time, call us at 866-264-2296.



Telephonic Time Submission

- This time submission method is done over the phone. It is referred to as the IntegriCare.
- Employees receive a welcome packet after they complete their paperwork. It asks them to register for the telephonic system.
 - Registration has them set up a password and state their name
- The Employee calls the IntegriCare phone number when he or she arrives for work and then calls again when he or she is leaving.
- Employees are asked to enter their password, state their name and enter activities codes (provided in welcome packet).
- The system is set up to remember the Employer's phone number and recognizes the Employee's voice. This limits the possibility of fraudulent time submissions.
- The system sends this information to PPL. From it, we generate a paycheck.

Telephonic Time Submission - Questions

What if:

- I forget to call?
 - If you forget to call to start the session, call twice at the end of the session and then call PPL Customer Service (866-264-2296). They will either fix the session then or have you submit a physical timesheet.
 - If you forget to call to end the session, call PPL Customer Service. They will either fix the session then or have you submit a physical timesheet.
- I am not calling from the Employer's phone line?
 - The system will ask you to enter the Employer's ID number. This will be distributed to the Employee once the Employee has completed all the forms.
- I am not calling from the Employer's phone line and I cannot remember the Employer's ID number?
 - Submit a physical timesheet.



Physical Time Sheet Submission

- This time submission method is done by faxing or mailing a timesheet to PPL.
- The Employee completes a 2-week timesheet indicating time worked each day.
- The time sheet must be signed by the Employee and Employer. The Employer's signature indicates authorization for payment.

Here is an example of a correctly completed time sheet.

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Time Sheet Dos and Don'ts

Must Do

- Letters and numbers should be clearly written.
- Fill in circles completely. Stay inside the lines.
- Complete one time sheet per waiver program participant.
- Sign and date the time sheet – individuals or representatives *and* providers must sign their names.
- Write your ID number. Program participants and providers must include their ID number.

Must NOT Do

- Don't forget to fill in all the information.
- Don't forget to sign and date – both the provider and the individual or individual's representative must sign the time sheet.
- Don't use military time.
- Do not round time on the time sheet. PPL will do this.

Time Sheet Instructions – Submitting Time Sheets

Providers and consumers have two options for submitting time sheets to PPL.

1) Mail the time sheet to PPL. Here is the address:

*Public Partnerships, LLC,
P.O. Box 3767
Phoenix, AZ 85030-3767*

2) Fax the time sheet to PPL. Here is the Fax Number
1-866-874-0478

If you plan to fax, you must use a cover sheet. This is required by law in order to protect personal information contained on the time sheet. Write the number of pages you are faxing on the cover sheet.

1

2

10647

TODAY

[illegible]

Employer Packet

YOUR PACKET CONTAINS:

- Informational forms
- Federal tax forms from the IRS
- State of Indiana tax forms

TODAY, WE WILL:

- Walk through each of the tax forms
- Answer your questions about the forms

You are encouraged to sign the forms today but you may also send them in at a later date

INDIVIDUAL AND EMPLOYER DEMOGRAPHICS

- The first form in your packet has individual and employer demographics. These form the basis for information on the other forms.
- Please verify the Employer Name, Address and Social Security Number
 - If you have any changes, please notify a PPL or IN FSSA staff member

IRS Form SS-4

Form SS-4 (Rev. February 2005) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) See separate instructions for each line. Keep a copy for your records.		OMB No. 1545-0042 EIN
1 Legal name of entity (or individual) for whom the EIN is being requested FRANCES FAKE				
2 Trade name of business (if different from name on line 1) PUBLIC PARTNERSHIPS, LLC		3 Recipient, administrator, trustee, "care of" name PUBLIC PARTNERSHIPS, LLC		
4a Mailing address (room, apt., suite no. and street, or P.O. box) 148 STATE STREET, 10TH FLOOR		5a Street address (if different) (Do not enter a P.O. box.) 123 MAIN STREET		
4b City, state, and ZIP code BOSTON, MA 02109		5b City, state, and ZIP code INDIANAPOLIS, IN 46207		
6 County and state where principal business is located MARION, IN				
7a Name of principal officer, general partner, grantor, owner, or trustee FRANCES FAKE		7b SSN, ITIN, or EIN 123-45-6789		
8a Type of entity (check only one box) <input checked="" type="checkbox"/> Sole proprietor (SSN) 123-45-6789 <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) = _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) = _____ <input type="checkbox"/> Other (specify) = _____				
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> Federal government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMC <input type="checkbox"/> Indian tribal government/enterprise <input type="checkbox"/> Group Exemption Number (GEM) = _____				
8b If a corporation, name the state or foreign country (if applicable) where incorporated State _____		Foreign country _____		
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) = HOUSEHOLD EMPLOYER <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) = _____				
<input type="checkbox"/> Raising purpose (specify purpose) = _____ <input type="checkbox"/> Changed type of organization (specify new type) = _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) = _____ <input type="checkbox"/> Created a pension plan (specify type) = _____				
10 Date business started or acquired (month, day, year). See instructions. 7/1/88		11 Closing month of accounting year DECEMBER		
12 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) = 7/1/88				
13 Highest number of employees expected in the next 12 months (enter -0- if none). Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)				
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale & merchant trade <input type="checkbox"/> Retail trade <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Other (specify) Household Employer w/ Employer Agent		15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HIRE EMPLOYEES FOR IN-HOUSE CARE		
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.				
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name (where on prior application if different from line 1 or 2 above). Legal name = _____ Trade name = _____				
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____				
Complete the section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of the form.				
Third Party Designee Designee's name Agent Staff: Halina Kielek, Vanessa Stone, Marianne Matzonat		Designee's telephone number (include area code) (817) 425-2026		
Address and ZIP code 148 STATE STREET, 10TH FLOOR BOSTON, MA 02109		Designee's fax number (include area code) (817) 889-8736		
Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the true, correct, and complete.		Applicant's telephone number (include area code) (317) 855-1234		
Name and title (type or print clearly) = Frances Fake Household Employer		Applicant's fax number (include area code) ()		
Signature = _____ Date = _____		Signature = _____ Date = _____		
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 1545-0042 Form SS-4 (Rev. 2-2005)				

- This is a one-page form. You are asked to complete 16a, 16b, 16c and sign and date the form.
- This form tells the IRS that you are going to be an employer. After PPL submits this form, the IRS will assign you an Employer Identification Number. This is what the IRS uses to identify employers when filing tax returns and depositing withholding taxes.
- We have entered PPL's address in lines 4a and 4b so that IRS paperwork relating to this program will not be sent to your home.

- This is a 4 page form. You are asked to sign and date the form on the last page.
- This form tells the State of Indiana that you are going to be an employer. After PPL submits this form, the Department of Revenue (DOR) will issue you a taxpayer identification number. This is what the DOR will use to identify you for tax filing and deposits.
- Much of the form is left blank. This form is used by all new Indiana businesses so not all the questions apply to you.

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IRS Form 2678

Form 2678 (Rev. June 2002)		Department of Treasury-Internal Revenue Service Employer Appointment of Agent Under Section 3504 of the Internal Revenue Code		OMB Number 1545-0746	
1. To Director, Submission Processing Cincinnati Processing Center				Instructions Employer or Payer: Please complete this form and give it to the Agent. Agent: Please attach a letter requesting authority to do either all that is required of the employer for wages you pay on the employer's behalf or all that is required of the payer for requirements of backup withholding. (See applicable Revenue Procedures 70-8 or 84-33.) Forward both the letter of request and Form 2678 to the Internal Revenue Service Center Director, Submission Processing where you file your Form 941 returns.	
2. Employer's or Payer's Name FRANCES FARE		3. Employer's or Payer's Address (Number and street, city, town or post office, State and ZIP Code) 123 MAIN STREET INDIANAPOLIS, IN 46267			
4. Employer's Identification Number		5. Agent's Address 146 STATE STREET, 10TH FLOOR BOSTON, MA 02109			
5. Agent's Name PUBLIC PARTNERSHIPS, LLC		7. Agent's Employer Identification Number 25-090173			
6. Effective For (Check the box or boxes that apply) <input checked="" type="checkbox"/> Employment Taxes (Rev. Proc. 70-6) <input type="checkbox"/> Backup Withholding (Rev. Proc. 84-33)		9. If Filing under Rev. Proc. 70-8, does this apply to all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Effective Date of Appointment by Employer or Payer 3/1/88	
Under Section 3504 of the Internal Revenue Code, please authorize this agent to do all that is required under (Check the one(s) that apply) <input checked="" type="checkbox"/> Chapter 21 (FOIA) <input type="checkbox"/> Chapter 22 (Railroad Retirement) <input checked="" type="checkbox"/> Chapter 24- <input checked="" type="checkbox"/> Withholding and <input checked="" type="checkbox"/> Backup Withholding <input type="checkbox"/> Chapter 25 (General Provisions) of Subtitle C NOTE: Appointment of an Agent under Section 3504 does NOT apply to Form 940, Employer's Annual Federal Unemployment Return (Chap. 26 of the Internal Revenue Code). The agent named above has been appointed either to pay wages for employers and/or report and deposit backup withholding amounts for payers. This appointment is effective on the date shown in item 10. It is understood that the Agent and the employer or payer are subject to all provisions of law and regulations (including penalties) which apply to employers or payers.		Signature of Employer or Payer		Date	
		Household Employer			
		For Internal Revenue Service Use Only			
		Effective Date Granted by IRS			
Catalog Number 15775D		Form 2678 (Rev. 6-2002)			

- This is a 1 page form. You are asked to sign and date the form in the boxes below boxes 9 and 10.
- This form tells the IRS that you are giving PPL permission to complete tax processes on your behalf for this program.
- This form only allows us to withhold taxes from your employee's paychecks and deposit those taxes with the IRS. It does not allow PPL access to any of your personal income tax information.

Indiana Form 52227

- This is a 2 page form. You are asked to sign and date at the bottom of the second page.
- This form tells the Indiana Department of Workforce Development that you have authorized PPL to represent you in matters of state unemployment insurance.
- This form establishes PPL as the mailing address on your employer account.
- This form does NOT allow PPL to obtain or sign for any personal income tax information.



POWER OF ATTORNEY
State Form 52227 (9-99)
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N. Senate Ave., 5th Fl., Indianapolis, IN 46204-2271
Phone: 317-232-7436, FAX: 317-233-0032

Know all Persons by these Presents:

That FRANCES FAKE, FEIN # _____
(hereinafter "Employer") Indiana SUTA # _____

A Corporation, Partnership, Proprietorship having its principal office at:
123 MAIN STREET
INDIANAPOLIS, IN 46207

Does hereby constitute and appoint:
PUBLIC PARTNERSHIPS, LLC
Name (hereinafter "Employer Service Company")
148 STATE STREET, 10TH FLOOR
Address
BOSTON, MA 02109
City, State, ZIP Code
866-264-2296 / 617-889-5736
Telephone Number Fax Number

Its true and lawful attorney in fact with full and exclusive power to represent Employer before the INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT, until further written notice, in connection with all matters affecting unemployment insurance including, without limitation by the enumeration thereof, all claims, contributions, refunds, merit rating, appeals and hearings. (hereinafter "IDWD")

Employer recognizes that IDWD maintains three (3) separate and distinct mailing groups, and Employer designates mailing instructions as marked below:

☒

Group 1 All Tax forms and notices mailed to Employer Service Company.

☒

Group 2 All Benefit forms and notices mailed to Employer Service Company, pursuant to 646 IAC 3-10319.

☒

Group 3 All Appellate forms and notices mailed to Employer Service Company.

☐

Group 4 No change of address is requested. Mail all forms and notices to Employer.

Employer agrees to allow the Employer Service Company to hire an independent representative, pursuant to 646 IAC 3-12-3 and 3-12-11, to appear on Employers' behalf and represent Employers' interests in appellate hearings. Employer Service Company certifies that said representative shall be fully qualified and knowledgeable about the Unemployment Insurance system, and specifically Indiana's appellate process, to adequately represent the Employers' best interests.

IRS Form 2848

- This is a 2 page form. You are asked to sign and date the form on the bottom of the second page.
- This form allows PPL’s CPA to sign tax withholding reports and reports of wages paid.
- This form establishes PPL as the mailing address on your employer account.
- This form does NOT allow PPL to obtain or sign for any personal income tax information. We will only be able to sign the forms listed on the document.

Form **2848**
(Rev. March 2004)
Department of the Treasury
Internal Revenue Service

**Power of Attorney
and Declaration of Representative**
► Type or print. ► See the separate instructions.

OMB No. 1545-0047
For IRS Use Only
Received by:
Name _____
Telephone _____
Function _____
Date ____/____/____

Part I **Power of Attorney**
Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer Information. Taxpayer(s) must sign and date this form on page 2, line 9.
Taxpayer name(s) and address:
FRANCES FAYE
125 MAIN STREET
INDIANAPOLIS, IN 46207

Social security number(s)
123 45 6789

Employer identification number

Daytime telephone number
(317) 555-1234

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.
Name and address:
MS. MEGAN RISING
148 STATE STREET, 10TH FLOOR
BOSTON, MA 02109

CAF No. 03-012345678
Telephone No. 617-432-2026
Fax No. 617-432-0123
Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address:

CAF No. _____
Telephone No. _____
Fax No. _____
Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address:

CAF No. _____
Telephone No. _____
Fax No. _____
Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters
Type of Tax (Income, Employment, Excise, etc.)
or Civil Penalty (see the instructions for line 3)

Tax Form Number
(1040, 941, 720, etc.)

Year(s) or Period(s)
(see the instructions for line 3)

EMPLOYMENT TAX WITHHOLDING

SS-4, 940, 940EZ, 941, 941(e), 943,

PER INSTRUCTIONS UP TO

W-2, W-2(e), W-3, W-3(e)

FOUR YEARS

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific uses not recorded on CAF. ☐

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I/we can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.
Exceptions: An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 103(c) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here _____ and list the name of that representative below:
Name of representative to receive refund check(s) ► _____

For Privacy Act and Paperwork Reduction Notice, see page 4 of the instructions. Cat. No. 11608J Form 2848 (Rev. 3-2004)

Indiana Form POA-1

POA - 1

Rev. 8/00

SF 48357

INDIANA DEPARTMENT OF REVENUE

POWER OF ATTORNEY

(Instructions on Back)

1) Taxpayer(s) Name(s)

FRANCES FAKE

DBA Name(s)

Address

123 MAIN STREET

City

INDIANAPOLIS

State

Indiana

Zip Code

46207

Telephone #

(317) 555-1234

2) Indiana Taxpayer Identification Number

Employer Identification Number

Social Security Number

123-45-6789

Spouse's Social Security Number

3) Hereby appoint(s) the following: (If Firm or Corp, give Representative(s) Name)

Firm/Corp/Individual Name

PUBLIC PARTNERSHIPS, LLC

Address

148 STATE STREET, 10TH FLOOR

City

BOSTON, MA

State

MA

Zip Code

02109

Telephone #

(866) 264-2296

Representative(s)

HARINA KIRIEL

Firm/Corp/Individual Name

PUBLIC PARTNERSHIPS, LLC

Address

City

BOSTON, MA

State

MA

Zip Code

02109

Telephone #

(866) 264-2296

Representative(s)

4) Type of Tax: EMPLOYMENT AND WITHHOLDING TAX Year(s) / Period(s): 2006-2010 Q1-Q4

5) Said attorney(s) -in-fact shall (subject to revocation) have authority to receive confidential information and full power to perform on behalf of the undersigned all acts incidental to such representation:
If signed by the Corporate Officer, Partners, or Fiduciary on behalf of the taxpayer, I certify that I have authority to execute this Power of Attorney on behalf of the taxpayer:
Signature: [Redacted] Date: [Redacted]
Title: Household Employer Telephone #: (317) 555-1234

6) Subscribed and sworn to before me on this _____ day of _____, _____ Year _____
My Commission Expires _____ Notary Public _____ County _____

Reset

Print

- This is a 1 page form. You are asked to sign and date in area 5.
- This form is similar to the IRS Power of Attorney form except it is for Indiana’s Department of Revenue. This form allows PPL’s CPA to sign tax withholding reports and reports of wages paid.
- This form does NOT allow PPL to obtain or sign for any personal income tax information. We will only be able to sign the forms listed on the document.

IRS Form 8821

Form **8821**
(Rev. April 2004)
Department of the Treasury
Internal Revenue Service

Tax Information Authorization
Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.

OMB No. 1545-0047
For IRS Use Only
Received by:
Name:
Telephone:
Fax:
Date:

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print) FRANCES FAKE 123 MAIN STREET INDIANAPOLIS, IN 46207	Social security number(s) 123 45 6789	Employer identification number 123456789
Daytime telephone number 317 555-1234	Plan number (if applicable) 123456789	

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address c/o Public Partnerships, LLC 148 State Street, 10th Floor Boston, MA 02108	CAF No. Telephone No. Fax No. Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Estate, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instructions)
Employment Tax Withholding	SS-4, 940, 940EZ, 941, 941(e), 943, W-2, W-2(e), W-3, W-3(e)	PER INSTRUCTIONS UP TO 3 YEARS	TAX LIABILITY

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 3. If you check this box, skip lines 5 and 6. ☒

5 Disclosure of tax information. You must check a box on line 5a or 5b unless the box on line 4 is checked:
a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box. ☐
b If you do not want any copies of notices or communications sent to your appointee, check this box. ☐

6 Reliance/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box. ☐
To revoke this tax information authorization, see the instructions on page 3.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.
IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.


Signature _____ Frances Fake First Name <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	Date _____ Title (if applicable) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	Signature _____ First Name <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	Date _____ Title (if applicable) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature
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For Privacy Act and Paperwork Reduction Act Notice, see page 4.
Cat. No. 11696P
Form 8821 (Rev. 4-2004)

- This is a 2 page form. You are asked to sign and date the form on the bottom of the first page.
- This form allows PPL to discuss your employer withholding account with the IRS.
- This is different than the Power of Attorney form because it does not allow PPL to sign the forms, only call the IRS on your behalf.
- PPL will only be able to discuss the employer forms listed on the document. We will never be able to obtain any personal income tax information.

Indiana Form EFT-1

- This is a 1 page form. You are asked to date the form at the top and bottom and also sign the form at the bottom.
- This form tells the Indiana Department of Revenue that you authorize PPL to deposit and file reports over the Internet. It also lets PPL transfer tax deposits from PPL’s bank account to the Department of Revenue.
- This form does NOT allow PPL to obtain any information about your personal bank account.



EFT-1
Rev. Form 10/08 04/01/10

**INDIANA DEPARTMENT OF REVENUE
AUTHORIZATION AGREEMENT FORM
FOR ELECTRONIC FUNDS TRANSFER**

DATE:

INDIANA TAXPAYER ID #: _____
(MUST BE 13 DIGITS) See Special Instructions on Back.

Business Name: FRANCES FAKE

Name and Telephone Number of Individual in your Organization that Revenue may contact regarding EFT:

Contact Person: Hanna Kaini - PUBLIC PARTNERSHIPS, LLC

(Not a bank contact)

Address: 148 STATE STREET, 10TH FLOOR

City, State, Zip: BOSTON, MA 02109

Telephone: 617-426-2026

☐ EFT Required
or
☒ Voluntary

FOR TAX TYPE:
Please complete a separate form for each Tax Type selected

☐ Sales (RST)
☐ Tire Fee (TIF)
☒ Withholding (WTH)
☐ Prepaid Sales on Gasoline (PPD)
☐ Corporate Income (COR)

☐ Financial Institution (FTI)
☐ Utility Receipts Tax (URT)
☐ Gasoline Distributors (MGT)
☐ Special Fuel Tax (SFT)
☐ Streamlined Sales Tax (SST)

Please choose an EFT method. If you choose ACH Debit, you must also complete the banking information portion of this form, as well as attach a copy of a voided check to verify the banking information.

☒ ACH Debit* (Complete bank information)
☐ ACH Credit

☐ Checking or ☐ Savings

Bank ABA#: _____
(Transit Routing Number)

Your Account #: _____
(With the above bank)


Authorized Signature

Household Employer

Title Date

*If ACH Debit is chosen, the taxpayer hereby authorizes the Indiana Department of Revenue to present debit entries into the bank account referenced above as required by Indiana Law. These debits will pertain only to Electronic Funds Transfer payments that the taxpayer has initiated.

This form may be faxed or mailed.
Fax # (317) 615-2691
Questions? (317) 615-2695

EFT Section
Indiana Department of Revenue
P.O. Box 6076
Indianapolis, IN 46206-6076

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